

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035928

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 100

FILED OCT 1 1963

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		c. CITY OR TOWN Harrisburg	
Length of stay in 1b 3 Days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Keller Memorial Hospital		d. STREET ADDRESS (If outside, give location) Route 1	
3. NAME OF DECEASED (Type or print) First Middle Last MILBURN AMOS COLE		4. DATE OF DEATH Month Day Year September 25, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-2-1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11a. FATHER'S NAME Jacob Henry Cole		11b. MOTHER'S MAIDEN NAME Hattie Lee Hall	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		13. SOCIAL SECURITY NO. [redacted]	
14. NAME OF HUSBAND OR WIFE Murrell H. Cole, Harrisburg, Mo.		15. INFORMANT Address Murrell H. Cole, Harrisburg, Mo.	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malignancy of right lung			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 1963 to Sept. 25-63 and last saw him alive on Sept 25-63 Death occurred at 10:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or time) J. Shaw M.D.		22b. ADDRESS Fayette Mo.	22c. DATE SIGNED 9-27-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-27-1963	23c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery	23d. LOCATION (City, town, or county) (State) Boone County, Missouri
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. 9-27-63	26. REGISTRAR'S SIGNATURE Katherine Welch

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4897

P. O. Address Columbia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Certified correct 9-27-63